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# Ethical Principles of Psychologists and Code of Conduct

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# Including 2010 and 2016 Amendments

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- Introduction and Applicability
- Preamble
- **General Principles**
- Section 1: Resolving Ethical Issues



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1/6

Section 2: Competence **Section 3: Human Relations** Section 4: Privacy and Confidentiality Section 5: Advertising and Other Public Statements Section 6: Record Keeping and Fees Section 7: Education and Training Section 8: Research and Publication 12/16/202 Section 9: Assessment Section 10: Therapy

# 10.01 Informed Consent to Therapy

- (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent (?item=6#310), psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality (?item=7#402), and 6.04, Fees and Financial Arrangements (?item=9#604).)
- (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence (?item=5#201e), and 3.10, Informed Consent (?item=6#310).)
- (c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

#### 10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the

https://www.apa.org/ethics/code 2/6



SCA4 Appeal: 19-2069 Doc: 30 Filed: 02/17/2021 Pg: 3 of 6 Ethical principles of psychologists and code of conduct

relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality (?item=7#402).)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships (?item=6#305c).)

### 10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

# 10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

### 10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

# 10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

# 10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

#### 10.08 Sexual Intimacies with Former Therapy Clients/Patients

- (a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.
- (b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of

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Filed: 02/17/2021 Pg: 4 of 6 Ethical principles of psychologists and code of conduct CA4 Appeal: 19-2069 Doc: 30

> therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships (?item=6#305)\_.)

# 10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services (? item=6#312).)

### 10.10 Terminating Therapy

- (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
- (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

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# **History and Effective Date**

Amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct" in 2010 and 2016

Date created: March 2017

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# Additional Resources

2018 APA Ethics Committee Rules and Procedures & (PDF, 197KB)

Revision of Ethics Code Standard 3.04 (Avoiding Harm)

APA Ethical Principles of Psychologists and Code of Conduct (2017) (PDF, 272KB)

2016 APA Ethics Committee Rules and Procedures



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4/6

USCA4 Appeal: 19-2069 Doc: 30 Filed: 02/17/2021 Pg: 5 of 6 Ethical principles of psychologists and code of conduct

Revision of Ethical Standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as Amended 2010) & (PDF, 26KB)

2010 Amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct" (PDF, 39KB)

Compare the 1992 and 2002 Ethics Codes

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USCA4 Appeal: 19-2069 Filed: 02/17/2021 Pg: 6 of 6 Ethical principles of psychologists and code of conduct Doc: 30

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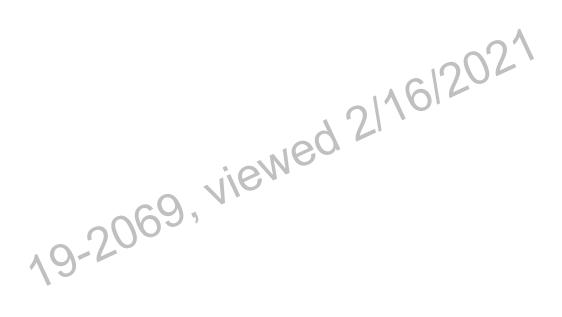
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https://www.apa.org/ethics/code 6/6